



QUALIFYING EVENTS, MID-YEAR SCENARIOS & DEPENDENT ELIGIBILITY CHART

1. Qualifying Events

KEHP is provided through a Section 125 plan per the Internal Revenue Code. This allows Employees to pay for their Health Insurance premiums with pre-tax dollars. Section 125 plans are federally regulated, and the guidelines state that if an Employees' Health Insurance or Flexible Spending Account is offered through a Section 125 plan, they cannot make a change to their Health Insurance or Flexible Spending Account options outside of the annual Open Enrollment period, unless they experience a permitted election change (referred to as Qualifying Events).

A. To Enroll in KEHP Outside of the Annual Open Enrollment Period the Individual:

1. Must Lose Coverage From:

- An employer-sponsored group health plan;
- An individual Health Insurance plan (**must lose eligibility – failure to pay premiums is not a loss of eligibility**) ;
- A short-term, limited-duration insurance policy also known as “gap” insurance;
- A student Health Insurance policy; or
- A government coverage (TRICARE, Medicare, Medicaid, KCHIP)

*Losing coverage from one of the following **does not allow** the individual to enroll outside of the annual Open Enrollment period:*

- Coverage only for accident or disability income insurance;
- Coverage issued as a supplement to liability insurance;
- Liability insurance;
- Workers' compensation or similar insurance;
- Automobile medical payment insurance;
- Credit-only insurance;
- VA Benefits;
- Coverage for on-site medical clinics; or
- Other similar insurance coverage under which benefits for medical care are secondary or incidental to other insurance benefits.

2. Must Lose Coverage Due To:

- A maximum benefits level being reached;
- An insurance agency canceling the policy (other than for non-payment);
- Coverage being provided under COBRA and COBRA has expired;
- Coverage was non-COBRA and the coverage terminated due to loss of eligibility for coverage (including but not limited to: legal separation, divorce, end of Dependent status, death of an Employee, termination of employment, reduction in hours) or employer contributions for coverage were terminated; or
- The plan no longer offers benefits for a group of individuals.

Not Due To:

- Non-payment of insurance premiums – choosing to stop payment of a plan for any reason;
- Non-renewal – choosing to stop renewal of a plan for any reason;
- Cancellation of coverage by policyholder for policyholder or for a Dependent;
- Increase in cost of coverage (unless for Dependent Care FSA); or
- Reduction of contributions or level of benefits.

B. General Guidelines

1. Event Date

The Event date is the date the event occurs. It is not the date the Employee or Dependent is notified of the event. The **only exceptions** to this are entitlement to:

- Medicare
- Medicaid

In the instances above, the Qualifying Event date can be the date the Employee or Dependent is notified.

2. Signature Date

The Signature Date is the date the Employee's signature is on the applicable documentation. Most Qualifying Events have a signature deadline of 35 calendar days from the Event Date. However, some have a signature deadline of 60 calendar days from the Event Date. It is important to know the deadlines for the Signature Date for all Qualifying Events.

To calculate the number of calendar days, begin counting on the day after the Qualifying Event.

Example: If the Employee gets married on March 5, the Employee must sign the applicable forms within 35 calendar days from the event (marriage). Day one would be March 6, and day 35 would be April 9. The Employee's signature must be on the applicable forms no later than April 9.

Pre-Signing

Applicable forms may not be signed prior to the event date, except for the following:

- Loss of other health coverage;
- Gaining other health coverage;
- Entitlement to Medicare; and

- Spouse's different Open Enrollment period.

The timing of the signature date is critical. Employees must complete the Enrollment forms and sign the applicable forms before the signature date deadline. The Employee does not need to wait for any supporting documentation to arrive before the form is signed.

3. Effective Date

The Effective Date is the date the coverage takes effect. Most Effective Dates are the first day of the month following the signature date. Coverage can NEVER be effective prior to the Event Date. Always consider the following:

- If the Qualifying Event date is the first of the month, the Employee may pre-sign during the previous month.
Example: If "loss of coverage" occurs on April 1, the Employee may sign the applicable documentation during the month of March. The Effective Date of the change will be April 1.
- If the Qualifying Event date is any other day of the month, the Employee may pre-sign during that month only.
Example: If "loss of coverage" occurs on April 18, the Employee may sign the applicable documentation during the month of April. The Effective Date of the change will be May 1. The Employee is not permitted to sign in March since that would make the Effective Date April 1, which is effective prior to the event of April 18.

4. Supporting Documentation

Most all QEs must be validated with supporting documentation, such as, but not limited to marriage certificates, divorce agreements, or letters from employers. Before a Dependent can be added to a health insurance plan, verification documents must be provided. See Dependent Eligibility Chart on page 27 of this Appendix.

5. Qualifying Event Charts

The Qualifying Event chart is your guide in knowing what mid-year election changes are permitted under a Section 125 plan, and the documentation that is required. This includes Healthcare and Dependent Care FSA elections as well, and whether they may be increased, decreased, or terminated during specific Qualifying Events. Note: Decreasing an election means to lower the election amount, and terminating an election means to terminate the *entire* FSA.

CHANGE IN EMPLOYEE'S LEGAL MARITAL STATUS

1. GAIN SPOUSE DUE TO MARRIAGE

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may enroll or increase Coverage Level for newly eligible Spouse and Dependent children. Plan Option change may be made. DROP: Employee may terminate or decrease Employee's or Dependent's coverage ONLY when such coverage becomes effective or is increased under the Spouse's plan. (Gain of Other Coverage). Employee may not drop Health Insurance coverage and choose a Waiver HRA mid-year.	ADD: Employee may enroll or increase election for newly eligible Spouse or Dependents. DROP: Employee may decrease election if Employee or Dependents become eligible and covered under new Spouse's health plan. (Gain of Other Coverage).	ADD: Employee may enroll or increase to accommodate newly eligible Dependents. DROP: Employee may decrease or cease coverage if new Spouse is not employed or makes a Dependent Care coverage election under Spouse's plan.	Employee may terminate election and redirect the state contribution to Health Insurance.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none">• Tag-Along rules apply.• No domestic partnerships; Common law marriage recognized if documented. Need certification/attestation of other coverage.			
ADMINISTRATION GUIDELINES			
Event Date	Add a Spouse and/or Dependent(s)	Date of marriage	
	Drop Dependent(s)	Date Dependent gained other group Health Insurance coverage under the Spouse's plan	
Signature Deadline	35 calendar days from the event date		
Effective Date	Add Spouse or Dependent(s)	First of the month following the Employee's signature date.	
	Drop Dependent(s)	End of the month of the Employee's signature date.	
	Enroll/increase HC or DC FSA	First day of the month following Employee's signature date.	
	Terminate/decrease HC or DC FSA	End of the month of the Employee's signature date.	
Document(s) Required	Add Spouse/Dependent(s)	See Dependent Eligibility Chart	
	Drop Employee or Dependent(s) due to gaining other Group Health Plan Coverage	Notification from employer, on employer's letterhead or via electronically, identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new Health Insurance ID card(s) for each covered person, with coverage Effective Date; or an email from the employer with HR signature block; or a self-service enrollment confirmation that states the employer name, effective date and person(s) covered.	
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	

2. LOSE SPOUSE DUE TO DIVORCE, LEGAL SEPARATION, ANNULMENT OR DEATH

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: May elect coverage for Employee, or Dependents who lose eligibility under Spouse's plan if such individual loses eligibility as a result of the divorce, legal separation, annulment, or death. (Loss of Coverage). DROP: Employee may terminate election ONLY for Spouse. Plan option change may be made.	ADD: Employee may enroll or increase election where coverage is lost under Spouse's health plan. (Loss of Coverage). DROP: Employee may decrease election to reflect loss of Spouse's eligibility.	ADD: Employee may enroll or increase to accommodate newly eligible Dependents including increase in Dependent care expenses. DROP: Employee may cease coverage if eligibility is lost or Dependent care expenses decrease (i.e. Dependent now residing with ex-Spouse).	DROP: Employee may terminate election and redirect the state contribution to Health Insurance ONLY if event causes a loss of coverage under Spouse's plan. (Loss of Coverage).
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none">Tag-Along rules apply.			
ADMINISTRATION GUIDELINES			
Event Date	Add Employee/Dependent(s)	Divorce, Legal Separation or Annulment: date of loss of coverage under former Spouse's plan or the date the divorce decree is entered by the court. Death: date of loss of coverage under deceased Spouse's plan.	
	Drop Spouse/Dependent(s)	Divorce, Legal Separation or Annulment: if Dependent ceases to meet eligibility requirements under KEHP, the event date is the date of the divorce decree, annulment or legal separation as entered by the court. Death: date of death.	
Signature Deadline	35 calendar days from the event date.		
Effective Date	Add Employee/Dependent(s)	Divorce, Legal Separation or Annulment: first of the month following the Employee's signature date on the Health Insurance Enrollment Application, Qualifying Event Form, or FSA Enrollment/Change Application. Must also submit eligibility documentation. Death: first of the month following the Employee's signature date.	
	Drop Spouse	Divorce, Legal Separation or Annulment: End of the month in which the divorce, legal separation or annulment occurred. If not notified by the end of the month of the divorce, legal separation or annulment, termination will be retrospective up to a maximum of 120 days from notification date. Death: end of the month of the Spouse's death. The new plan, if applicable, will be effective the first day of the following month, regardless of whether the 35-day deadline is met.	
	Drop Dependent(s) added to other group plan	Divorce, Legal Separation or Annulment: When added to former Spouse's plan, the end of the month following Employee's signature date.	
	Enroll in or increase HC DC FSA	First day of the month following Employee's signature date	
	Terminate or decrease HC DC FSA	End of the month of the Employee's signature date.	
Document(s) Required	Add Employee or Dependent(s)	Notification from employer on letterhead or electronically, that includes person(s) covered and coverage termination date; letter from insurance company with type of coverage, reason for termination, date of termination, and person(s) covered; or termination letter from governmental agency providing previous coverage.	

	Drop Spouse	Divorce, Legal Separation or Annulment: Divorce decree, legal separation orders, or annulment orders signed by judge and date stamped “filed” or “entered”; or a court order resulting from a divorce or separation that indicates a Spouse and/or a Dependent should be dropped. Death: none
Forms to Use	Health Insurance FSA	Health Insurance Qualifying Event Form FSA Enrollment/Change Application

CHANGE IN NUMBER OF EMPLOYEE’S DEPENDENTS

1. GAIN DEPENDENT DUE TO BIRTH, ADOPTION, PLACEMENT FOR ADOPTION

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may enroll or increase Coverage Level for self, Spouse and newly eligible Dependent children. Plan option change may be made. DROP: Employee may terminate or decrease Employee's or Dependent's coverage if Employee or Dependent becomes eligible under Spouse's plan.	ADD: Employee may enroll or increase coverage for newly eligible Dependent children. DROP: Employee may terminate or decrease Employee's or Dependent's coverage if Employee or Dependent becomes eligible under Spouse's plan.	ADD: Employee may enroll or increase to accommodate newly eligible Dependents.	DROP: Employee may terminate election and redirect the state contribution to Health Insurance.

OTHER CONDITIONS/GUIDANCE:

- Tag-Along rules apply.
- When a newborn baby is added to KEHP, no premiums will be charged for the first 31 days, unless Tag-Alongs are added at the same time of the newborn's birth. If the birth, creates a Coverage Level change, no increase in costs until the 32 day from date of birth. If the birth, adoption, or placement for adoption plus Tag-Alongs creates a Coverage Level change, between the 1st and the 15th day of the month, the Member must pay the new premium for the entire month; if between the 16th and the end of the month, the Member must pay the new premium for one-half of the month.

ADMINISTRATION GUIDELINES

Event Date	Birth: Date of birth; Adoption: Date of Adoption; Foreign Adoption- Date Visa stamped; Placement: Child's Placement Date.	
Signature Deadline	Add ONLY a newborn, adopted or placed child	60 Calendar days from the event date
	Add newborn, adopted or placed child PLUS Tag-Alongs	35 Calendar days from the event date
Effective Date	Add Employee, Spouse or Dependent(s)	Birth: Date of birth; Adoption: Date of Adoption; Foreign Adoption- Date Visa stamped; Placement: Child's Placement Date.
	Enroll/increase HC FSA	First day of the month following Employee's signature date.
	Terminate/decrease HC FSA	End of the month of the Employee's signature date.
	Enroll/increase DC FSA	First day of the month following Employee's signature date.

Document(s) Required	Add	See Dependent Eligibility Chart
	Drop Employee/Dependent due to gaining other Group Health Insurance	Notification from employer, on employer's letterhead or via electronically, identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new Health Insurance ID card(s) for each covered person, with coverage Effective Date.
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form
	FSA	FSA Enrollment/Change Application

2. LOSE DEPENDENT DUE TO DEATH (child)

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
DROP: Employee may drop coverage only for the deceased Dependent. Plan Option change may be made.	DROP: Employee may decrease or cease election for Dependent who loses eligibility.	DROP: Employee may decrease election for Dependent who loses eligibility.	No change permitted.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none">Tag-Along rule – Not applicable.			
ADMINISTRATION GUIDELINES			
Event Date	Date of death		
Signature Deadline	35 calendar days from the event date.		
Effective Date	Drop Dependent(s)	End of the month of the Dependent’s death.	
Document(s) Required	none		
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	

STARTING EMPLOYMENT

OR OTHER CHANGE OF EMPLOYMENT STATUS BY EMPLOYEE, SPOUSE, OR DEPENDENT THAT TRIGGERS ELIGIBILITY

1. STARTING EMPLOYMENT BY EMPLOYEE (New Hire)

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Provided that eligibility was gained for KEHP coverage, Employee may add coverage for Employee, Spouse, or Dependents.	ADD: Provided that eligibility was gained for KEHP coverage, Employee may add coverage.	ADD: Provided that eligibility was gained for KEHP coverage, Employee may add coverage.	ADD: Provided that eligibility was gained for KEHP coverage, Employee may elect coverage.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none"> All Dependents may be covered. Events that change the employment status of the Employee, the Employee's Spouse, or the Employee's Dependent. Examples: Starting employment, new job, PT to FT. Some employers may offer a few months of COBRA to terminated Employees as a part of a severance package. It is important to know that the end of employer-paid COBRA coverage is NOT a Qualifying Event to allow enrollment in KEHP, since the COBRA continuation coverage period has not been exhausted. Only expiration of COBRA is considered loss of other coverage. 			
ADMINISTRATION GUIDELINES			
Event Date	Date of hire.		
Signature Deadline	35 calendar days from the Qualifying Event date.		
Effective Date	Adding Employee, Spouse or Dependent(s)	The first day of the second month following the Employee's hire date.	
	Enrolling in FSA	The first day of the second month following the Employee's hire date.	
Forms to Use	Health Insurance	Health Insurance Enrollment Application or Employee Self-Service	
	FSA	FSA Enrollment/Change Application or Employee Self-Service	

2. STARTING EMPLOYMENT BY SPOUSE OR DEPENDENT

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
DROP: Employee may terminate or decrease Coverage Level if Employee, Spouse, or Dependent is added to Spouse's or Dependent's plan. Plan Option change may be made.	DROP: Employee may decrease or cease election if gains eligibility for health coverage under Spouse's or Dependent's plan.	ADD: Employee may make or increase election to reflect new eligibility. DROP: Employee may terminate election for Dependent's coverage if Dependent is added to Spouse's plan.	No change permitted.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none"> Events that change the employment status of Employee's Spouse, or the Employee's Dependent. Examples: Starting employment, new job, PT to FT, hourly to salaried, change in worksite, return from unpaid leave, etc. 			
ADMINISTRATION GUIDELINES			
Event Date	The date the person being dropped gained coverage under the Spouse's or Dependent's employer sponsored group health plan.		
Signature Deadline	35 calendar days from the Qualifying Event date.		
Effective Date	Dropping Employee, Spouse or Dependents	The end of the month of the Employee's signature date.	
	Terminating or decreasing HC FSA	End of the month of the Employee's signature date	
	Increasing DC FSA	First day of the month following Employee's signature date.	
Document(s) Required	Dropping Employee, Spouse or Dependent(s)	Notification from employer, on employer's letterhead or via electronically, identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new Health Insurance ID card(s) for each covered person, with coverage Effective Date; or an email from the employer with HR signature block, or a self-serve enrollment confirmation that states the employer name, effective date and person(s) covered.	
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	

TERMINATION OF EMPLOYMENT

BY EMPLOYEE, SPOUSE, OR DEPENDENT THAT CAUSES LOSS OF ELIGIBILITY (OR OTHER CHANGE IN EMPLOYMENT STATUS)

1. TERMINATION OF EMPLOYEE'S EMPLOYMENT

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
DROP: Employee, Spouse, and Dependent(s) coverage terminates.	Employee's election to participate in the FSA will terminate. No reimbursements for expenses incurred after the end of the day on the last day of the last pay period worked or Employee otherwise ceases to be eligible. COBRA rules may apply.	When a Participant ceases to be a Participant, the Participant's Salary Reductions and election to participate in the Dependent Care FSA will terminate. The Participant will not be able to receive reimbursements for expenses associated with Dependent Care incurred after the last day of the last pay period worked or the Participant otherwise ceases to be eligible, with one exception - such Participant (or the Participant's estate) may claim reimbursement for expenses for any Dependent Care incurred in the month following termination of employment or other cessation of eligibility if such month is in the current Plan Year, provided that the Participant (or the Participant's estate) files a claim for these expenses within 90 days after the date that the Participant's employment terminates or the Participant otherwise ceases to be eligible. COBRA rules do not apply.	DROP: Employer ceases employer contributions. COBRA rules may apply.

OTHER CONDITIONS/GUIDANCE:

Examples: Termination of employment, starting unpaid leave, strike, lockout, etc. **COBRA** rules may apply.

ADMINISTRATION GUIDELINES

Event Date	Date of termination or event date, whichever is later.
Signature Deadline	IC/HRG has 10 days to terminate the Employee in KHRIS or submit an Update Form.

Effective Date	Employee, Spouse or Dependent(s)	If terminated between the 1 st and the 15 th of the month, coverage will terminate on the 15 th of the month. If terminated between the 16 th and the end of the month, coverage will terminate on the last day of the same month.	
Forms to Use	Health Insurance	Update Form	
	FSA	Update Form	
2. TERMINATION OF SPOUSE'S OR DEPENDENT'S EMPLOYMENT OR OTHER CHANGE IN EMPLOYMENT STATUS RESULTING IN A LOSS OF ELIGIBILITY			
HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may enroll or increase Coverage Level for Employee, Spouse, or Dependents who lose eligibility under Spouse's or Dependent's employer's plan. (Loss of Coverage). Plan Option change may be made.	ADD: Employee may enroll or increase election to reflect loss of eligibility for health coverage. (Loss of Coverage).	ADD: Employee may enroll or increase election if Spouse or Dependent loses eligibility for Dependent Care FSA. DROP: Employee may decrease or cease election to reflect loss of eligibility for coverage (i.e. if Spouse stops working) or decrease in Dependent care expenses.	DROP: Employee may terminate election and redirect the state contribution to Health Insurance if event causes loss of coverage under Spouse's/Dependent's plan.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none">Tag-Along rules apply.Involves any change in employment status resulting in a loss of eligibility under the Spouse's/Dependent's employer's plan. HIPAA special enrollment rights may also apply. Examples: Termination of employment, FT to PT, salaried to hourly, starting unpaid leave, strike, lockout, etc.			
ADMINISTRATION GUIDELINES			
Event Date	Adding Employee, Spouse and/or Dependent(s)	Date of loss of coverage under the other employer-sponsored group health plan.	
Signature Deadline	35 calendar days from the Qualifying Event date.		
Effective Date	Adding Employee, Spouse or Dependent(s)	The first day of the month following the Employee's signature date.	
	Enrolling in or increasing HC FSA	First day of the month following Employee's signature date	
	Terminating or decreasing FSA	End of the month of the Employee's signature date	
Document(s) Required	Adding Employee, Spouse or Dependent(s)	Notification from Employer on letterhead or electronically, that includes person covered and coverage termination date; Letter from insurance company with type of coverage, reason for termination, date of termination, and person(s) covered; or Termination letter from governmental agency providing previous coverage.	
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	

3. CLEAN TRANSFER - FROM ONE PARTICIPATING EMPLOYER TO ANOTHER WITH NO BREAK IN SERVICE			
HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
No election changes permitted.	No election changes permitted.	No election changes permitted.	No election changes permitted.
4. SMALL BREAK TRANSFER –1-10 WORKING DAYS			
HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare	Dependent Care (DC)	
No election changes are permitted.	No election changes are permitted.	No election changes are permitted.	Reinstate prior elections. No election changes permitted.
ADMINISTRATION GUIDELINES			
Signature Deadline	IC/HRG has 10 days to terminate the Employee in KHRIS or submit an Update Form.		
Effective Date	If the 1 to 10 day break occurs within the <i>same</i> Semi-Monthly Billing Periods, there is no break in coverage. If the 1 to 10 day break occurs within <i>different</i> Semi-Monthly Billing Periods, there is a ½ month break in coverage		
Forms to Use	Health Insurance	Update Form	
	FSA	Update Form	
5. LARGE BREAK TRANSFER - 11 OR MORE WORKING DAYS			
HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
Treat as new Employee. The new hire waiting period applies and Employee may make new elections.	Treat as new Employee. The new hire waiting period applies and Employee may make new elections.	Treat as new Employee. The new hire waiting period applies and Employee may make new elections.	Treat as new Employee. New hire waiting period applies and Employee may make new elections.
OTHER CONDITIONS/GUIDANCE:			
• Employee can cover all Dependents with new elections.			
Signature Deadline	IC/HRG has 10 days to terminate the Employee in KHRIS or submit an Update Form.		
Effective Date	Employee, Spouse or Dependent	1 st day of the second calendar month following date of hire.	
Forms to Use	Health Insurance	Health Insurance Enrollment Application	
	FSA	FSA Enrollment/Change Application	

EVENT CAUSING EMPLOYEE'S DEPENDENT TO CEASE TO SATISFY ELIGIBILITY REQUIREMENT

1. DEPENDENT CEASES TO SATISFY ELIGIBILITY REQUIREMENTS – AGING OUT (OVER 26)

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
DROP: Employee may decrease or terminate election only for affected Dependent. Plan Option change may be made.	DROP: Employee may decrease or terminate election to take into account ineligibility of expenses of affected Dependent, but only if eligibility is lost. ADD: If Dependent remains a tax Dependent and the health FSA provides that the Dependent's expenses remain eligible for reimbursement, then the Employee could increase election.	DROP: Employee may decrease or drop election to take into account expenses of affected Dependent.	No change permitted.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none"> No tag along change can be made Dependent will automatically be dropped from the KHRIS system at the end of the month in which the Dependent turns 26. 			
ADMINISTRATION GUIDELINES			
Event Date	Last day of the month in which the Dependent turns 26.		

CHANGE IN COVERAGE UNDER OTHER EMPLOYER PLAN

1. OTHER EMPLOYER PLAN DECREASES OR CEASES COVERAGE

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may enroll or increase election for Employee, Spouse, or Dependents if Employee, Spouse or Dependents have elected or received corresponding decreased coverage under other employer plan.	No change permitted.	ADD: Employee may enroll or increase election for Employee, Spouse, or Dependents <i>if Employee, Spouse or Dependents have elected or received corresponding decreased coverage under other employer plan.</i>	DROP: Employee may terminate election and redirect the state contribution to Health Insurance.

OTHER CONDITIONS/GUIDANCE:

Examples: Mandatory change initiated by Spouse's employer; optional change in coverage initiated by Spouse's employer; and change in coverage initiated by Spouse.

NOTE: This QE is only related to changes under OTHER EMPLOYER plans. It does not refer to gaining individual coverage through any other source such as kynect.

ADMINISTRATION GUIDELINES

Event Date	Date of coverage change.	
Signature Deadline	35 calendar days	
Effective Date	Adding Employee, Spouse or Dependent(s)	1 st day of the month following Employee’s signature date.
	Enrolling or increasing DC FSA	1 st day of the month following Employee’s signature date.
Document(s) Required	Proof of change in other employer coverage.	
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form
	FSA	FSA Enrollment/Change Application

2. OPEN ENROLLMENT UNDER OTHER EMPLOYER PLAN/DIFFERENT YEAR

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
Employee may enroll or increase election for Employee, Spouse and Dependent(s). Corresponding changes can be made under employer's plan	Corresponding changes can be made under employer's plan.	Corresponding changes can be made under employer's plan	DROP: Employee may make corresponding change including terminating coverage and redirecting the state contribution to Health Insurance.

ADMINISTRATION GUIDELINES		
Event Date	Last day of the Employee's, or Spouse's Open Enrollment Period.	
Signature Deadline	35 calendar days from the Qualifying Event date.	
Effective Date	Adding or dropping Employee and/or Dependent(s)	Same as the Effective Date of the other Employer's Plan.
	FSA	Same as the Effective Date of the Employee, or Spouse's plan.
Document(s) Required	Notification from employer on employer's letterhead or electronically, identifying <ol style="list-style-type: none"> 1. Open Enrollment period and deadline 2. Effective Date of plan 3. Persons being added or dropped from the policy 	
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form
	FSA	FSA Enrollment/Change Application

LOSS OF HEALTH COVERAGE

1. LOSS OF ELIGIBILITY FOR HEALTH COVERAGE SPONSORED BY A GOVERNMENTAL OR EDUCATIONAL INSTITUTION (Medicaid, KCHIP, Medicare)

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may enroll or increase Coverage Level for Employee, Spouse, or Dependent if Employee, Spouse, or Dependent loses group health coverage sponsored by governmental or educational institution. Prospective change only.	Employee may enroll or increase election to reflect loss of eligibility for health coverage.	No change permitted.	Employee may terminate election and redirect the state contribution to Health Insurance.

OTHER CONDITIONS/GUIDANCE:

- Tag-Along rules apply.
- Applies only to LOSS (NOT GAIN) of coverage. In the event of a loss of CHIP coverage, HIPAA special enrollment rights may also apply. Government programs include: CHIP, a medical care program of an Indian Tribal government, a state health risk pool, a foreign government group health plan.

ADMINISTRATION GUIDELINES

Event Date	Date of loss of coverage.	
Signature Deadline	35 calendar days from event or notification letter, whichever is later.	
Effective Date	Adding Employee, Spouse, Dependent (s)	First day of the month following Employee's signature date.
Document(s) Required	Medicaid & KCHIP	MET form
	Medicare	Notification from Medicare
Forms to Use	Health Insurance or Waiver	Health Insurance Qualifying Event Form

2. LOSS OF ELIGIBILITY FOR INDIVIDUAL HEALTH COVERAGE (Marketplace)

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare	Dependent Care	
ADD: Employee may enroll or increase Coverage Level for Employee, Spouse, or Dependent if Employee, Spouse, or Dependent loses group health coverage sponsored by governmental or educational institution. Prospective change only.	Employee may enroll or increase election to reflect loss of eligibility for health coverage.	No change permitted.	Employee may terminate election and redirect the state contribution to Health Insurance.

OTHER CONDITIONS/GUIDANCE:

- Tag-Along rules apply.
- Applies only to LOSS (NOT GAIN) of coverage. In the event of a loss of CHIP coverage, HIPAA special enrollment rights may also apply. Government programs include: CHIP, a medical care program of an Indian Tribal government, a state health risk pool, a foreign government group health plan.

ADMINISTRATION GUIDELINES			
Event Date	Loss of eligibility date		
Signature Deadline	35 calendar days from event.		
Effective Date	Adding Employee, Spouse, or Dependent(s)	First day of the month following signature date.	
	Enroll or increase FSA	First day of the month following signature date.	
Document(s) Required	Proof of loss of eligibility from Marketplace.		
Forms to Use	Health Insurance, Waiver	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	
3. LOSS OF GROUP HEALTH COVERAGE			
HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may elect coverage for Employee, Spouse, or Dependent who has lost other coverage if: (a) The Employee or Dependent was covered under a group health plan or had Health Insurance coverage at the time coverage was previously offered to the Employee or Dependent.	ADD: Employee may enroll or increase election to reflect loss of eligibility for health coverage.	No change permitted.	DROP: Employee may terminate election and redirect the state contribution to Health Insurance.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none"> • Change Plan Option when adding Dependent(s) or Spouse • Tag-Along rules apply. • While other permitted election changes are permissive, health coverage changes are REQUIRED under HIPAA for special enrollment events. Also, certain HIPAA special enrollment events (birth, adoption, or placement for adoption) will allow an election change to pay for retroactive coverage on a pre-tax basis, which cannot be done for other events. Also, HIPAA requires a special enrollment period of a specified minimum duration (30 or 60 days, depending on the event) while other limits for permitted election change events are a matter of plan design. 			
ADMINISTRATION GUIDELINES			
Event Date	Date of loss of coverage under the other employer-sponsored group health plan. Must also submit eligibility verification document(s).		
Signature Deadline	35 calendar days from the Qualifying Event date.		
Effective Date	Adding Employee, Spouse or Dependent(s)	The first day of the month following the Employee's signature date.	
	Enroll or increase FSA	The first day of the month following the Employee's signature date.	
Document(s) Required	Notification from employer, on employer's letterhead or via electronically, identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new Health Insurance ID card(s) for each covered person, with coverage Effective Date; or an email from the employer with HR signature block, or a self-serve enrollment confirmation which states the employer name, effective date and person(s) covered.		
Forms to Use	Health Insurance, Waiver HRA	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	

SPECIAL ENROLLMENT DUE TO ELIGIBILITY FOR STATE PREMIUM ASSISTANCE SUBSIDY FROM MEDICAID OR CHIP

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may elect coverage for Employee or Dependent who has become eligible for premium assistance subsidy from Medicaid or CHIP. Plan Option change may be made.	Premium assistance subsidy does not apply. No change permitted.	No change permitted.	DROP: Employee may terminate election and redirect the state contribution to Health Insurance.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none"> Tag-Along rules apply. 60-day special enrollment period applies for this event. NOTE: There is no election change permitted (drop coverage) for persons who gain CHIP coverage. The subsidy subsidizes employer coverage. 			
ADMINISTRATION GUIDELINES			
Event Date	The date the Employee gains premium assistance.		
Signature Deadline	35 calendar days from the Qualifying Event date.		
Effective Date	Adding Employee and/or Dependent(s)	The first day of the month following the Employee's signature date.	
Document(s) Required	Medicaid	MET form	
	Medicare, KCHIP	Letter from Medicaid or CHIP	
Forms to Use	Health Insurance, Waiver	Health Insurance Qualifying Event Form	

JUDGMENTS, DECREES, OR ORDERS (NMSN)

1. ORDER REQUIRING COVERAGE FOR CHILD UNDER EMPLOYEE'S PLAN – SIGNED BY A JUDGE

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
ADD: Employee may change election to provide coverage for the child.	ADD: Employee may change election to provide coverage for the child.	No change permitted.	Employee may terminate election and redirect the state contribution to Health Insurance.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none"> • Tag-Along rules apply. • While the plan may have to comply with the order regardless of the child's Dependent status, the child must be the Employee's child up to the end of the month in which the child turns 26 or tax Dependent for health coverage purposes in order for the coverage to be paid for on a pre-tax basis. • May be processed even if the 35-day deadline is not met. 			
ADMINISTRATION GUIDELINES			
Event Date	Date order or guardianship documents are signed by a judge		
Signature Deadline	35 calendar days from the Qualifying Event date. National Medical Support Notice (NMSN) directing employer to enroll an Employee's child in a plan.		
Effective Date	Adding Dependent(s) at Employee's request	First day of the month following Employee's signature date	
	Adding Dependent(s) due to NMSO (Employee's consent not needed)	First day of the month following the date of the administrative order or notice	
Document(s) Required	Adding Dependent (s)	See Dependent Eligibility Chart	
Forms to Use	Health Insurance or Waiver	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	

2. ORDER REQUIRING COVERAGE FOR A DEPENDENT CHILD, DUE TO A NEW ORDER RELEASING THE EMPLOYEE – SIGNED BY A JUDGE

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
DROP: Employee may change election to terminate coverage for the child.	DROP: Employee may change election to cancel coverage for the child. Verify other coverage provided before dropping.	No change permitted.	No change permitted.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none"> Coverage can only be dropped if coverage is actually provided pursuant to the order through another plan. Verify other coverage. 			
ADMINISTRATION GUIDELINES			
Event Date	Date of the Order		
Signature Deadline	35 calendar days from the event date		
Effective Date	Dropping Dependent	Last day of the month in which the Health Insurance Qualifying Event Form was signed.	
Document(s) Required	Order signed by a judge		
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form	
	FSA	FSA Enrollment/Change Application	

MEDICARE OR MEDICAID ENTITLEMENT

1. EMPLOYEE, SPOUSE, OR DEPENDENT BECOMES ENTITLED TO MEDICARE OR MEDICAID

HEALTH INSURANCE		FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
		Healthcare (HC)	Dependent Care (DC)	
DROP: Employee may elect to cancel or reduce coverage for Employee, Spouse, or Dependent as applicable.		DROP: Employee may decrease or terminate election under employer plan.	No change permitted.	No Waiver GP HRA permitted unless there is other group Health Insurance. No change permitted.
OTHER CONDITIONS/GUIDANCE: <ul style="list-style-type: none">A gain of coverage under KCHIP or other state's CHIP program does not permit a drop of coverage under KEHP.Entitlement to Medicare or Medicaid refers to coverage other than coverage solely for pediatric vaccines.				
ADMINISTRATION GUIDELINES				
Event Date		Date the Employee, Spouse or Dependent becomes entitled to Medicare or Medicaid; Medicare and Medicaid may also use the notification date.		
Signature Deadline	60 calendar days from event date for Medicaid or 35 calendar days from the event date of Medicare.			
Effective Date	Dropping Employee, Spouse and/or Dependent(s)	Last day of the month in which the Health Insurance Qualifying Event Form was signed		
	Decreasing or terminate FSA	End of the month of the Employee’s signature date		
Document(s) Required	Medicare	Copy of Medicare card (showing Effective Date) or Initial eligibility letter from Medicare Office		
	Medicaid	Medicaid Eligibility/Termination (MET) Form signed by the Division of Medicaid Services – Cabinet for Health and Family Services		
Forms to Use	Health Insurance	Health Insurance Qualifying Event Form		
	FSA	FSA Enrollment/Change Application		

MILITARY LEAVE (USERRA)

1. EMPLOYEE STARTS MILITARY LEAVE (UNPAID)

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care (DC)	
Employee on military leave may either terminate coverage or continue coverage. The Employer will continue to maintain the Participant's benefits on the same terms and conditions as if the Participant were still an active Employee.	Employee on military leave may either terminate coverage or continue coverage. The Employer will continue to maintain the Participant's benefits on the same terms and conditions as if the Participant were still an active Employee.	Employee on military leave may either terminate coverage or continue coverage. The Employer will continue to maintain the Participant's benefits on the same terms and conditions as if the Participant were still an active Employee.	Employer contributions cease.

OTHER CONDITIONS/GUIDANCE:

- If Employee continues coverage, the employer is required to continue its contributions and the Employee is entitled to continue the same benefit coverage(s) that were in effect prior to his/her leave. A Participant on an unpaid leave of absence USERRA who elects to continue participation under the Plan shall be responsible for making the required Employee contributions under the Health Insurance Benefit plans offered under the Plan during the period of leave. The manner in which such payments are made shall be determined by the Administrator, in its sole discretion, from among the following alternatives: (a) Prepayment: The Participant may prepay the contributions due during the FMLA leave period. Prepayment may not be required as a condition to remaining in the Plan, and prepayment may not be the sole method of making contributions hereunder. Prepayments may be made from Salary Reduction and any other means to the extent permitted by applicable law (b) Pay-As-You-Go: The contributions due during the FMLA leave period may be paid based on the same schedule as payments would have been due if the Participant had not been on FMLA leave, on the same schedule as COBRA payments are made, under the Employer's existing rules for payment by Employees on leave without pay (LWOP), or on any other schedule voluntarily agreed upon by the Administrator and the Participant. Employees returning from uniformed service have the right to be reinstated in their health benefits under USERRA. Employees may also elect to be reinstated in other benefits when they return from service. An Employee who is reinstated in health or other coverage should also be given the opportunity to resume paying for such coverage on a pre-tax basis under the cafeteria plan.

ADMINISTRATION GUIDELINES

See Chapter 4, Page 8

2. EMPLOYEE RETURNS FROM MILITARY LEAVE (UNPAID)

HEALTH INSURANCE	FLEXIBLE SPENDING ACCOUNTS		WAIVER HRA (GP or Dental/Vision)
	Healthcare (HC)	Dependent Care	
Reinstate prior elections unless another event has occurred that allows a change.	Reinstate prior elections unless another event has occurred that allows a change. Reinstate at prior Coverage Level (and make up unpaid premiums) or at a level reduced pro rata for the missed contributions.	Employee may make a new election if coverage terminated while on leave. Same as non-FMLA	Reinstate prior elections unless another event has occurred that allows a change.

OTHER CONDITIONS/GUIDANCE:

- Reinstatement prior elections unless another event has occurred that allows a change.
- Employees returning from Military Leave are eligible for coverage immediately upon return or may delay the effective date until military coverage ends.

ADMINISTRATION GUIDELINES

See Chapter 4, page 8

2. Mid-Year Scenarios Chart.

Mid-Year Scenario	Action	Funding	Explanation
1. CDHP Single Coverage Level to Family Coverage Level	Member will receive the additional HRA funds.	Increase available full Plan Year	HRA increases due to plan change. Member will have access to the larger balance of funds for family coverage for the full year.
2. CDHP Family Coverage Level to Single Coverage Level	Member will not receive any additional HRA funds. Member's HRA funds will not be reduced.	Same amount available full Plan Year	Two separate elections with one continuous period. If the \$1,000 was totally spent during the first election period, there will not be any additional funds given for the second election
3. LW CDHP to Standard CDHP	Member's HRA funds will not be reduced.	Same amount available full Plan Year	Two separate elections with one continuous period. No additional money and no money taken back - only different periods that the money is available.
4. LW CDHP Single Coverage Level to Standard CDHP Parent Plus Coverage Level	No change in HRA funds.	Same amount available full Plan Year	Member will have the same amount of funds. LW CDHP Single Coverage Level/ \$500 HRA and Standard CDHP Parent Plus Coverage Level/ \$500 HRA which is no change in HRA money.
5. Standard CDHP to LW CDHP	Member will receive additional HRA funds.	Increase available full Plan Year	HRA increases due to plan change – Member will have access to the larger balance of funds for the full year.
6. Standard CDHP Family Coverage Level to LW CDHP Single Coverage Level	No change in HRA funds.	Same amount available full Plan Year	HRA is \$500 for both scenarios.
7. Non-CDHP to CDHP	Member will receive HRA funds	Funds available date of QE	No pro-rating of funds.
8. CDHP to Non-CDHP	Member will receive HRA funds with CDHP.	Funds only available until date of QE	HRA claims can be submitted through run-out period for dates of CDHP coverage. No pro-rating.
9. CDHP Planholder whose Spouse is newly employed and eligible to elect the Cross-Reference Payment Option.	<p>a. Existing Planholder has <i>couple, parent-plus</i> or <i>family</i>, Coverage Level and will now have Cross-Reference Payment Option. Member will not receive additional HRA funds.</p> <p>b. Existing Planholder has <i>single</i> Coverage Level and will now have the Cross-Reference Payment Option. Member will receive additional HRA funds.</p>	Same amount available full Plan Year	<p>a. No more than the maximum HRA amount per Coverage Level and Plan Option will be received. Couple, Parent-Plus, Family and Cross Reference Payment Option have the same HRA amount.</p> <p>b. No more than the maximum HRA amount per Coverage Level and Plan Option will be received. Single Coverage Level receives less funds than the Cross-Reference Payment Option; therefore, Member will receive additional HRA funds and funds will be available for the entire year, regardless of the QE date.</p>
10. Non-CDHP Planholder whose Spouse is newly employed and eligible to elect the Cross-Reference payment option.	Newly employed Spouse must remain on the primary Planholder's plan option.	No funds involved	Not a QE – no change in Plan Option permitted. No funds involved.

11. Begin new Cross-Reference Payment Option due to birth, adoption or other QEs.	When electing the Cross-Reference Payment Option and changing Coverage Level from Single to the Cross-Reference Payment Option, Member will receive additional HRA funds; electing a different Plan Option is permitted.	Funds available full Plan Year	Amount of the full HRA will be received – no prorating, and funds will be able to be used for the full year. If Spouse had CDHP HRA prior to the change, his/her unspent CDHP funds may be transferred to the primary Planholder's CDHP HRA.
12. End Cross-Reference Payment Option, the Primary Planholder reverts to Parent Plus Coverage Level.	Member will not receive additional HRA funds. Member's HRA funds will not be reduced.	Same amount available full Plan Year	One continuous election period. No additional money and no money taken back.
13. End Cross-Reference Payment Option, due to termination of the Primary Planholder. The Secondary Planholder becomes the new Planholder with a Parent Plus Coverage Level.	Member will receive family level HRA funds	Funds available beginning date of plan change	No pro-rating of funds. Unspent CDHP funds under primary's account may be transferred to the secondary's new Parent Plus CDHP HRA account.

3. Dependent Eligibility Chart

Definition of Eligible Dependent(s)	Documentation
Spouse: A person who is legally married to an Employee or Retiree.	A legible photocopy of the marriage certificate or a legible photocopy of the top half of the front page of the Employee/Retiree's most recent federal tax return (Form 1040).
Common Law Spouse: A person with whom you have established a common law union in a state which recognizes common law marriage (Kentucky does not recognize common law marriage).	A legible photocopy of the certificate or affidavit of common law marriage from a state that does recognize common law marriage.
Child Age 0 to 25: In the case of a child who has not yet attained his/her 26th birthday, "child" means an individual who is – <ul style="list-style-type: none"> • A son, daughter, stepson, or stepdaughter of the Employee/Retiree, or • An eligible foster child of the Employee/Retiree (eligible foster child means an individual who is placed with the Employee/Retiree by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction and includes court awards of guardianship or custody), or • An adopted child of the Employee/Retiree (a legally adopted individual of the Employee/Retiree, or an individual who is lawfully placed with the Employee/Retiree for legal adoption by the Employee/Retiree). 	Natural Child: A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree as a parent, or a copy of the footprint certificate from the hospital indicating baby and parent's name, or verification of the birth document from the hospital indicating the names of the baby and parent. Step Child: A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree's Spouse as a parent; a legible copy of the marriage certificate showing the names of the Employee/Retiree and the Spouse; and a photocopy of the top half of the front page of the Employee/Retiree's most recent federal tax return (Form 1040). Legal Guardian, Adoption, or Foster Child(ren): Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge's signature and filed status; or legible adoption or legal placement decrees with the presiding judge's signature.
Disabled Dependent: A Dependent child who is totally and permanently disabled may be covered by KEHP beyond the end of the month in which he/she turns 26, provided the disability (a) started before his/her 26 th birthday and (b) is medically-certified in writing by a physician. A Dependent child will be considered totally and permanently disabled if, in the judgment of KEHP's medical Third Party Administrator (Anthem), the written certification adequately demonstrates that the Dependent child is unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. A Dependent child who is not already covered by KEHP at the time of his/her 26 th birthday may not later be enrolled in KEHP on grounds of total and permanent disability unless and until he/she sustains a loss of other insurance coverage. In such a case, a request to enroll a Dependent child in KEHP on grounds of total and permanent disability must be made no later than 35 calendar days following the loss of other insurance coverage.	Anthem certifies all disabled Dependents based on medical necessity and Member's financial responsibility for the Dependent. Contact the Enrollment Information Branch at 502-564-1205 for more information. Dependents under age 26 will be enrolled by EIB as a disabled Dependent and Anthem will initiate disabled Dependent certification process. Dependent over age 26, EIB receives request from Member based on loss of other insurance coverage and requests Anthem to initiate disabled Dependent certification process.